



Signature

ESP APPENDIX C ACCOUNT D2939

EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

	Washi be ma from t State	any named below and that I request a copy of my official Driving Record in the State of Ington be released to my employer or prospective employer or their agent. This record must intained by the employer or prospective employer for a period of not less than two years the last date above. Failure to obtain all signatures or misuse of records obtained from the of Washington may result in prosecution under RCW 46.52.130.	
ıthorizat	tion of e	employee or prospective employee for release of abstract of driving record Signature Date WA License Number	
gnature_		WA License Number	
	(A) (B) (C)	EMPLOYER ATTESTATION That the company named below is an employer or prospective employer of the above named Individual and that I am a representative authorized to bind said company. That Datalink Services is acting as agent on behalf of ACRAnet who is acting as agent on our behalf to obtain the abstract of driver records of the above named individual. That abstracts of driver record shall be used exclusively to determine whether the above named Individual should be employed to operate a school bus or commercial vehicle upon the public Highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire. That the information contained in the abstracts of driver records obtained from the Washington State Department of Licensing shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.	
	Comp	Company Name	
	Сопр	any Name	
	Addre		
	Addre	55	
	Name	(print) Title	
		- Date:	